



## TRANSMITTAL FORM

Attorney Docket No.  
**RPS920000054US1**  
**1793P**

2131

Re the application **CROMER et al.**Confirmation No: **8922**Serial No: **09/746,829**Group Art Unit: **2131**Filed: **December 22, 2000**Examiner: **Vaughan, Michael R.**For: **Method and System for Enabling an Image to be Authenticated**

## ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input checked="" type="checkbox"/>	Other Enclosure(s) (please identify below): <b>Corrected section of Amendment- pages 2 through 9</b>
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input checked="" type="checkbox"/>	Response to Office Communication	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for four month(s), from January 10, 2005 to May 9, 2005.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	30	36	0	\$ 50.00	\$ 0.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

## METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>08547</u> in the amount of \$ <u>1,590.00</u> is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	April 21, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 21, 2005	
Type or printed name	Irena Nikolova
Signature	